

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101589131

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4						
5	1					
6						
7						
8		3				
9		0				
10	1					
11	1					
12	2					
13	0					
14	1					
15	1					
16	1					
17	1					
18	1					
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20	1					
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TOTAL IND.	7		↓		↓	
TOTAL DEP.	16	←		←		←
TOTAL CLAIMS	23	████████		████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS		████████		████████		████████